

1st Care Limited

Acorn Care Home

Inspection report

88 Handsworth Wood Road, Handsworth
Wood, Birmingham
B20 2PL
Tel: 0121 507 1763
Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We last inspected Acorn Care Home on 13 February and 04 March 2015. At that inspection we found there were four areas where the service was not meeting regulations. These related to the risk to people of unsafe care, people's consent to care had not always been sought, people were not always protected against the risk of abuse, the management of medicines did not ensure people received their medicines as prescribed and the monitoring of the service was not effective. The provider sent us an action plan detailing what action they had

taken. During this inspection we found the provider had made applications to the local authority as required. Improvements had been made to medicine management and on how the service was monitored.

Acorn Care Home is registered to provide accommodation and nursing care for 22 people who have nursing or dementia care needs. There were 22 people living at the home when we visited.

A registered manager is required to manage this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

People were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse and staff were trained to identify the possibility of abuse occurring. Staff understood their responsibility to take action to protect people from the risk of abuse and how to escalate any concerns they had.

People received their medicines as prescribed by the doctor and immediate action was taken to improve the monitoring of medicines that needed to be stored in a fridge.

There were sufficient staff to meet people's identified needs. Staff received the necessary training and support to carry out their role. Staff knew how to protect people in an emergency situation such as illness, injury or fire.

Interactions between people and staff were friendly, relaxed and polite. People who could speak with us told us they felt safe and secure in the home.

Staff had a good understanding of how to ensure that consent was obtained and how people's rights were to be protected if they did not have the ability to make decisions for themselves.

People's health care needs were met and they were supported to access both social care and healthcare professionals to ensure their needs were met.

Improvements had been made to the management systems in place to assess and monitor the quality of the service provided. We saw that improvements had been made to the service so it was a safer home for people to live in. All previous breaches of the regulations were met.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood their responsibility to keep people safe and reduce the risk of harm.

Risks relating to people's needs were assessed and managed appropriately and there were sufficient staff to meet people's care needs

Improvements had been made in the way that medicines were managed so people received their medicines as prescribed.

Good



Is the service effective?

The service was safe.

Staff received the training and support they needed to meet people's needs and carry out their role.

Staff ensured that gained people's consent before providing care.

People's health care needs were met. People were supported with food and drink as required.

Good



Is the service caring?

The service was caring.

People told us that staff were kind and caring.

Staff were seen to be involved and motivated about the care they provided.

Staff knew people's likes and dislikes and how they wanted to be supported.

Good



Is the service responsive?

The service was responsive.

People had their care and support reviewed.

Staff were responsive to people's preferences and activities took place to meet individual needs.

Systems were in place to ensure that People and their relatives would be listened to and any concerns would be acted on.

Good



Is the service well-led?

The service was well led.

Improvement had been made to the management arrangements so that the service was open and receptive to continual improvement.

There were systems in place to monitor the quality of the service that people received.

Good



Acorn Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13, 14 and 25 August 2015. The inspection was unannounced on the 13 August and the inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the 14 August one inspector returned to continue with the inspection and the manager knew that we would be returning that day. On 25 August 2015 a pharmacy inspector visited unannounced.

In planning our inspection, we looked at the information we held about the service. This included notifications

received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

During our inspection we spoke with 12 people, the registered manager, and ten staff including care workers, senior care workers, nurses and catering staff. Because some people were unable to tell us about their experiences of care, we also spent some time observing interactions between staff and the people that lived there.

We looked at records in relation to four people's care and medication records to see how care and treatment was planned and delivered. Other records looked at included four staff recruitment and training records. We also looked at records relating to the management of the service and a selection of policies and procedures.

Is the service safe?

Our findings

At the time of our last inspection in February 2015 we found that arrangements in place had not ensured that people were protected from the risk of abuse because the provider had not always followed safeguarding procedures. The provider told us in their action plan that they had taken action to ensure that people would be protected from the risk of harm.

People who used the service who could tell us, told us that they felt safe with the staff that supported them. One person told us, "I feel safe living here and the staff are very good". Another person told us, "It is safe and secure here".

At this inspection we found that people were protected from abuse because staff had received the training that enabled them to identify the possibility of abuse and take the appropriate actions. All the staff that we spoke with were aware of how to escalate any concerns they had. Staff were able to describe the different types of abuse. One staff member told us, "Staff that we spoke with were aware of the whistleblowing process by which staff can raise issues of poor practice without being worried about the consequences of raising the concerns. Records we held and seen during our visit showed the provider had reported concerns appropriately to the relevant people and had taken actions to ensure people were kept safe. We saw that learning from incidents that had happened in the home had taken place.

At the time of the last inspection we also found arrangements in place did not ensure that people could be confident that they received their medicine safely. The provider told us in their action plan that they had taken action to ensure people received their medicines safely.

We looked at what arrangements the provider had in place for safe management of medicines. We found that the management of medicines had improved since the last inspection. One person told us, "I always receive my medicines on time and I am happy that the staff do that for me".

We looked in detail at eight medicine administration records and found that people were receiving their medicines at the frequency prescribed by their doctor. We found the nursing staff were aware of those medicines that had special administration requirements and were ensuring that these requirements were being followed. For

example, at the last inspection we found that a person who wished to chew their tablets was chewing some tablets that needed to be swallowed whole and not chewed. At this inspection we found that the provider had a strategy in place which ensured these tablets were now swallowed whole and not chewed.

People who had been prescribed medicines on a when required basis had these medicines given in a consistent way by the nursing staff. We found that people's records had sufficient information to show the nursing and staff how and when to administer these when required medicines.

We observed at the last inspection that the monitoring of refrigerator temperature records did not ensure that medicines were being stored correctly so they would be effective. We found the provider was now monitoring the maximum and minimum temperatures on a daily basis. However, the records showed that the temperature of the refrigerator was above the expected maximum temperature. We found that the refrigerator was storing temperature sensitive medicines called insulin and as a consequence of these temperatures the provider was advised to discard some of the current stock and use the remainder for a short period only. The provider immediately took appropriate steps to ensure this oversight would not happen again.

All the staff that we spoke with knew the risks to people's safety and the actions they needed to take to manage the risk. We found that arrangements in place to ensure people who needed help to move safely had improved since our last inspection. People had the equipment they needed and staff had been trained so they could support people safely. A staff member told us, "We have had moving and handling training and the equipment we need is all there. We know what we are doing now". We saw that potential risks to people had been assessed and steps taken to minimise or remove the risk.

People were kept safe in emergencies. All the staff spoken with knew what to do in the event of an emergency and how to report accidents or incidents so these could be managed effectively. We found that improvements had been made since our last inspection so staff knew how to support people in the event of a fire. There were individual plans in place for staff to follow in the event of a fire so that people would be supported safely.

Is the service safe?

People were safe because the provider had assessed staffing levels to identify how many staff were required to meet people's needs. People who could tell us told us that there were enough staff around to help them if needed. One person told us, "Yes there is enough staff, they are busy, but they always help you". During our inspection we found that improvements had been made to how staffing levels was managed. A staff member told us that since the new manager had started they were clearer about their role and what was expected of them. .

All the staff that we spoke with told us that employment checks were carried out before they started working at the home. We sampled four staff files and found the pre-employment and Disclosure and Barring Service (DBS) security checks had been completed. DBS checks help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people, who may lack mental capacity to make decisions to consent or refuse care. Deprivation of Liberty (DoLS) requires providers to submit applications to a supervisory body for permission to deprive someone of their liberty in order to keep them safe. At the time of our last inspection in February 2015 we found that arrangements were not in place to ask and act on people's consent. Also the provider had not always recognised situations that were a restriction on people's liberty and these were breaches in the regulations. The provider told us in their action plan that they had taken action to ensure that people's consent was sought and that where they believed a restriction was in place they had made an application to the local authority to have the restriction authorised.

At this inspection we found the rights of people who may lack capacity to make decisions were protected. Staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were able to tell us how they provided person centred care and encouraged choices, which showed their practice was in line with what was required by this legislation. Staff were able to explain what restrictions were in place and why and DoLS authorisations had been requested for people that needed them.

People's ability to make decisions about their care was assessed and consent to care was obtained from people who were able to give consent. One person told us, "The staff do ask me about my care and how I want thing to be done". All the staff we spoke with told us that they always sought people's agreement before offering support. Staff told us that some people did not communicate verbally. Staff told us that they would know if the person was in agreement or not as people would express themselves using body language and gestures.

At the time of our last inspection we found that people had not received the support they needed to ensure their healthcare needs were met effectively and this was a breach of the regulations.

At this inspection people who could tell us told us that they were supported to see their GP, attend hospital appointments, or other healthcare professionals. We saw that improvements had been made to weight monitoring so any investigation about weight loss or gain was identified and responded to. Staff could tell us how people's diabetes and epilepsy was managed. Records sampled showed that effective management of people's healthcare needs took place. A relative told us, "The staff pick up on health issues really quickly and act on it so [Person's name] gets the treatment they need quickly. They always keep me informed of any medical issues or changes in [Person's name] needs".

We found that staff support and guidance had improved since our last inspection. All the staff we spoke with told us that they received the training and support to carry out their role. A staff member told us, "I have done a lot of training recently and I feel like I have learnt a lot". We saw staff communicate with people in a way that showed they understood people's needs. People who could tell us told us that they were happy with the way that staff supported them. One person told us, "The staff are very good. They are kind and they ask me how I am."

We observed how people were supported at breakfast and lunch. The atmosphere in the dining room was calm and relaxed. We saw that people were offered choices about what they would like to eat. Menus were available and had been prepared in picture format so people could make a choice about what they wanted to eat. One person told us, "The Chef always asks me what I like to eat. The food is very good now".

All the staff that we spoke, including catering staff knew about the specific support each person needed to eat and drink. Staff told us and records confirmed that people were referred to other healthcare professionals such as dietician or GP if there were concerns about a person's diet so people were supported to stay healthy.

Is the service caring?

Our findings

People told us that the staff were caring. One person told us, "The staff are good". Another person told us that they liked the staff. A relative told us, "The staff are marvellous and very approachable and caring".

During our visit we spent some time in the communal areas of the home and observed the care provided to people and their interaction with staff. We observed that staff were respectful, patient and spoke with people kindly.

People who could tell us told us that they could decide what time they got up and went to bed. We saw that there was some flexibility with routines during our inspection.

People's privacy and dignity was promoted. One person told us, "Staff do knock my door". Staff told us and we saw that personal care was provided behind closed doors and bedroom and bathroom doors were knocked on before entering. All bedrooms were single occupancy so people had their own private space. Bedroom doors all had locks and where people were able they had a key to their room so they could maintain their privacy.

People were supported to maintain their independence where possible. We saw that people moved freely around the home and the gardens. We saw that people who smoked were able to access a designated smoking area in the garden. Staff that we spoke with told us that people's independence was promoted when they assisted people with their personal care. One person told us that the staff encouraged them to do what personal care tasks they could do for themselves and that staff were always available to help when needed.

Staff that we spoke with told us that they knew people's needs well. A staff member told us, " We work well as a team now and things are more organised which benefits the people living here".

We observed that people were relaxed and contented around the staff supporting them. We saw people smiling and laughing and enjoying activities with staff.

Relatives spoken with told us that they could keep in touch and visit the home when they wished. One relative told us, "I visit regularly and staff are always available to talk to me about [Person's name]".

Is the service responsive?

Our findings

One person told us, “Staff do ask me how I want things to be done”. We saw that staff responded to request from people to help with their care. We observed staff reassure a person when they were anxious. We observed staff take time to explain things to people and encourage their involvement in their care. For example we saw a staff member encourage a person to stand up from a sitting position. Staff were patient and explained each step at a level and pace appropriate to the person, so they could stand up independently.

A relative told us, “I am completely involved in [Person’s name] care. Every week they keep me updated and always tell me about any changes or concerns they have about [Person’s name]”.

There was a number of people living with dementia who expressed themselves in different ways. We observed that staff were caring and calm in their manner and approach to people. We saw from the expression on their faces and body language that they were comfortable with the staff supporting them.

Staff were able to tell us about people’s individual support needs and interests. We saw that care records had been improved and contained detail about how people preferred their care to be delivered. We saw that an assessment of people’s needs had been completed at the point of admission and had been reviewed. This showed that people’s preferences, wishes and identified needs were planned for. A relative told us that their family member’s transition from another care home to Acorn Care home was, “Very well managed”. We saw from records sampled that changes in people’s health and support needs were identified in the records and showed the involvement of other health care professionals if needed.

People who could tell us told us that they could take part in some group activities that the home had organised or follow individual hobbies and interests. During our inspection we saw some people taking part in a game and people seemed to enjoy taking part and some people enjoyed watching and were smiling and laughing. One person showed us the work they had done in the garden. They told us that they had helped do some gardening, painting and maintenance work. They told us, “I really like helping, I enjoyed the painting and I will be doing some more”. We saw that people enjoyed accessing the garden. One person told us that liked to sit in the shade. We saw another person was supported by staff to walk in the garden. Another person was sweeping the pathway. People were also supported to access the local community. We saw that two people went out for a pub lunch, one person went for a walk to the local shop to buy a paper. Two people were supported to access a local community leisure centre.

The provider had started a programme of redecoration to improve the environment for people living in the home. Different seating areas were provided so people had a choice of where to sit and how they spent their time. The garden area was fully accessible to people and we saw that a number of people enjoyed sitting and walking in the garden during our inspection. The provider told us that further redecoration work was planned and that this would include improvements to people’s bedrooms.

A relative told us, “I would have no hesitation in speaking with the manager if I needed to if I had any concerns”. They told us that they had no concerns. A person told us, “The staff are good and I can speak to them if I need to”. We looked at how complaints had been managed and found that these were investigated by the manager and a response was provided to complainants. A complaints procedure was available and detailed how concerns would be dealt with.

Is the service well-led?

Our findings

At our previous inspection we found multiple breaches of the regulations. These related to the risk to people of unsafe care, people's consent to care had not always been sought, people were not always protected against the risk of abuse, the management of medicines did not ensure people received their medicines as prescribed and the monitoring of the service was not effective. The provider sent us an action plan detailing what action they had taken to meet the breaches. We found at this inspection that the provider had taken the necessary steps to ensure the service was meeting the regulations that had been breached. We found the provider had improved the systems in place for the management of medicines and regular audits were completed to ensure that the medication practice was safe. People's consent was sought and risks to people were managed. Improvements were made to ensure care records were accurate and there was a complete record for all the people that used the service. This demonstrated that effective systems were in place to assess, monitor and improve the quality and safety of the service provided.

People told us that they were happy with their care. One person told us, "I am happy with everything". Relatives that we spoke with told us positives things about their family members care. A relative told us, "There have been lots of improvements at the home. I am really pleased with how the home cares for [Person's name]".

Following our previous inspection on 13 February and 04 March 2015 and the concerns identified the provider immediately changed the management arrangements. A new manager was appointed on 23 February 2015 and is registered with CQC and the clinical director took over as operations director.

The management structure was clear within the home and staff knew who to go to with any issues. Staff told us that they would report any concerns in the first instance to the nurse on duty and if needed they would then go the manager. Staff told us if they felt their concerns were not being acted upon they would contact the Care Quality Commission (CQC). We saw that the provider had a whistleblowing policy that provided the contact details for the relevant external organisations, for example CQC. A staff

member told us, "The manager has improved the home a lot. Her door is always open. Before we were scared to say something but we can speak to her [The manager] about anything".

Our records showed that the manager had informed us of any notifiable incidents concerning people who used the service and the running of the business so they fulfilled their legal obligations as required by law.

The manager told us that questionnaires to seek feedback about the home had been sent to relatives, staff and professionals. This information had been analysed and had been used to evaluate and improve the service.

The provider had internal quality assurance processes that were completed monthly by the manager. This included audits of medication procedures, staff training and development, health and safety, infection control and meal times. We looked in detail at the meal time audit and saw that detailed observations of the meal time had been carried out by the manager. She had identified a number of areas that needed improvement to make meal times a more enjoyable experience for people and these improvements had been acted on. The operations director also carried out internal audits of the service. This showed the provider had procedures in place to monitor the service to check the safety and wellbeing of the people living at the home and to ensure improvements were made.

All the staff we spoke with told us that they felt supported in their role. Staff told us that the changes in management had meant the service had experienced some difficult times. However, staff were very positive about the current management arrangements. Staff told us that the manager was very approachable and supportive. A staff member told us, "It feels like a completely different home. There is now good communication".

Staff told us that meeting had taken place and they were able to share their views about the service. Minutes showed that care practices issues were discussed in these meetings and this ensured that staff were kept informed about the service and their responsibilities as staff members.

Staff told us that they were now receiving regular supervisions and that the manager was also doing staff appraisals. A staff member told us, "I now feel much supported in my role. I am really proud of what I am achieving and the training I have completed".